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# DIGEST

Winter 2007

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## LETTER FROM THE PRESIDENT

Dear Dental Professional:

Your role in improving the oral health of the underserved in our communities is remarkable. As the year comes to a close, I would like to thank you for your dedication and applaud you for giving back to your communities this past year.

We all know providing dental services through government programs can be challenging. Everyone at Doral is dedicated to streamlining the process and implementing innovations that make it easier for you to serve our members.

This has been an exciting year for the company. Doral began administering benefits for members throughout the State of Idaho this fall. We remain committed to expanding oral care to many who are in need. Your role is vital to this effort.

Thank you for working with Doral. We look forward to starting another successful year as your partner. Have a safe and happy holiday season!

Sincerely,

Steven J. Pollock  
President



## CONTACT INFORMATION [www.doralusa.com](http://www.doralusa.com)

### Doral Customer Service

800.341.8478

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions
- Press 7 for Provider Web Questions

### Doral Utilization Review

800.294.9650

### Via Email

- Electronic Technical Support  
[eclaims@doralusa.com](mailto:eclaims@doralusa.com)
- Claims Payment Questions  
[denclaims@doralusa.com](mailto:denclaims@doralusa.com)
- Eligibility or Benefit Questions  
[denelig.benefits@doralusa.com](mailto:denelig.benefits@doralusa.com)
- Utilization Review  
[ddusa\\_um@doralusa.com](mailto:ddusa_um@doralusa.com)
- Provider Access to Web Portal & Other Features



## NATIONAL PROVIDER IDENTIFIER

The National Provider Identifier (NPI) is a 10-digit unique standard identification number for health care providers that must be used with standard HIPAA transactions when a provider identifier is required. The NPI must be used regardless of the health care carrier involved. All health care providers who transmit health information electronically in connection with HIPAA-covered transactions began using it on **May 23, 2007**.

Previous communications from Doral required the above mandatory effective date. However, a recent CMS communication allowed a 12 month contingency plan to allow payers additional time to obtain their necessary NPI numbers. The required date for NPI submission, enforceable by CMS, is May 23, 2008. **Please note: This does not mean you can wait until May 23, 2008 to obtain and submit your NPI information.**

This is the final date when all claims must be submitted utilizing NPI.

Doral has been accepting NPI on electronic and paper claim transactions since May, even though providers are not required to begin sending NPI information via claims. Doral legacy identifiers will remain the primary means of assessing claims. Therefore, legacy identifiers must be included at this time if a provider chooses to submit NPI. At a future point, Doral will require providers to include NPI on all claims.

There will be a dual use period when providers or their organization (and its sub-parts) will be asked to submit claims using **both** the NPI and your Doral ID number. We will notify you when this dual use period will begin and end. Doral encourages providers to use the 2006 ADA form. Fields 49 and 54 on the 2006 form have been allocated for NPI. Currently, providers should enter their legacy Doral Dental ID in fields 52A and 58 of the 2006 ADA form. Providers using older ADA forms (2002/2004) should continue to provide their legacy ID numbers. Once Doral begins to require NPI on paper claims, providers can enter the NPI in the same field numbers (fields 49 for billing NPI and 54 for treating provider NPI).

Thank you for your participation in the Doral network, and for your commitment to our members. If you need further assistance, please contact Doral at 800.685.9971.

## THE IMPORTANCE OF DENTAL CARE DURING AND AFTER PREGNANCY

Dental care is very important for pregnant members. The purpose of this article is to clarify the importance of dental care during and after pregnancy, as Doral supports routine and necessary dental treatment for pregnant members.

### Oral Hygiene During Pregnancy

Routine cleanings and examinations during pregnancy are safe and recommended. During pregnancy, the rise in hormone levels can cause inflamed gingiva, leading to easy bleeding, puffiness and sensitivity (pregnancy gingivitis). Patients should be encouraged to maintain excellent oral hygiene and be forewarned that

additional bleeding is expected and can only be controlled by meticulous and frequent brushing and flossing.

Occasionally overgrowths of gum tissue, called "pregnancy tumors," appear on the gums during the second trimester. These localized growths or swellings are usually found between the teeth and are believed to be related to excess plaque. They bleed easily and are characterized by a red, raw-looking mulberry-like surface. They are often surgically removed after the baby is born.

### Dental Treatment During Pregnancy

All elective dental work should be postponed until after the birth to avoid exposing the developing baby to even minimal risks. However, if emergency dental work becomes necessary (root canal therapy, extractions), taking precautions (thyroid collar, lead aprons) allows safe treatment to be rendered. It is generally accepted that the second trimester is the best time to render necessary treatment.

According to the American College of Radiology, no single diagnostic procedure results in a radiation dose significant enough to threaten the well-being of the developing embryo and fetus. Uterine doses for a full-mouth radiographic series have been shown to be less than one mrem. In comparison, the uterine doses from naturally occurring background radiation during the nine months of pregnancy can be expected to be about 75 mrem. However, every precaution should be taken to minimize radiation exposure by using protective thyroid collars and aprons.

### Maternal Oral Health and Early Childhood Caries

Dental caries is the most prevalent chronic infectious disease of our nation's children. Cariogenic bacteria (*Streptococcus mutans*) are typically transmitted from mother or caregiver to child by behaviors that directly pass saliva, such as sharing a spoon when tasting baby food, cleaning a dropped pacifier by mouth or wiping the baby's mouth with saliva. Colonization can occur any time after the child is born, but the bacteria have the greatest potential for being retained in the mouth after a tooth erupts. The earlier that cariogenic bacteria occupy ecological niches in the child's mouth, the greater the percentage of the child's plaque that will be comprised of these bacteria. As the child grows older, *Streptococcus mutans* becomes less able to colonize within a child's mouth, as the available ecological niches are filled with other organisms. Since the mother is the most

common donor, mothers who themselves have experienced extensive past or current caries have a particularly strong need for counseling on how to avoid early transmission of cariogenic bacteria to their offspring.

In conclusion, the role of the oral health professional includes providing preventive and treatment care, and anticipatory guidance for pregnant women. It is hoped that obstetricians actively refer their patients for dental examinations and cleanings if they are not currently receiving them.

Sources:

[www.ada.org](http://www.ada.org) – Frequently Asked Questions

Oral Health Care During Pregnancy and Early Childhood – New York State Department of Health, August 2006





## 2006 SATISFACTION SURVEYS

### Member Satisfaction Survey

The Customer Service Department conducted the annual member satisfaction survey during 2006. The surveys were conducted telephonically and were completed using member eligibility data provided by the plans.

Average scores for all questions were as follows:  
Rating scale was 1 to 5, poor (1) – excellent (5).

Skill and experience of dentist .....	3.8
Friendliness/courtesy of dentist .....	3.8
Friendliness/courtesy of hygienist .....	3.8
Friendliness/courtesy of front office staff .....	3.8
Skill and experience of hygienist .....	3.7
Thoroughness of exam .....	3.7
Explanation of care being given .....	3.7
Appropriateness of treatment .....	3.7
Answers to questions .....	3.7
Ease of making an appointment .....	3.6
Advice about ways to avoid dental problems .....	3.6
Ability to obtain referral to specialist if needed .....	3.5
Amount of time waited in waiting room for scheduled appointment .....	3.4

Doral will work with the individual plans, particularly where deficits were noted to improve member satisfaction.

### Provider Satisfaction Survey

The Customer Service Department conducted the annual provider satisfaction survey during 2006. The surveys were conducted telephonically.

Average scores for all questions were as follows:  
Rating scale was 1 to 5, poor (1) – excellent (5).

Ability to obtain accurate patient info .....	3.4
Office Reference Manual .....	3.1
Knowledge of Doral Representative .....	3.1
Accuracy of payments .....	3.1
Ability to obtain timely patient info .....	3.1
Speed of response from Doral rep .....	2.9
Consistency of authorization process .....	2.9
Ease of using the IVR system .....	2.9
Speed of payments .....	2.8
Member understanding of covered benefits .....	2.4

Doral welcomes suggestions on how we can serve you and our members better.  
All plans and state programs were furnished copies of their individual survey results.

## MOMENTS THAT MATTER

### M.O.M. Project Wise County, Virginia

Welcome to the Doral Digest's newest feature - Moments That Matter. In upcoming issues we will be shining light on some of the celebrated community events Doral proudly participates in and/or sponsors.

On July 20 – 22, 2007, Doral teamed up with the Virginia Dental Association to provide free dental services to the underserved in Wise County, Virginia!

The M.O.M. program is in its 8th year of providing free services to the underserved in Virginia, Kentucky, Tennessee and South Carolina. An estimated \$5.3 million in dental services have been provided to nearly 10,000 southwest Virginia residents since the M.O.M. project first arrived in Wise County in 2000.

Over 300 volunteers came from Virginia, and as far away as New York, Massachusetts, North Carolina, Kentucky, Indiana, Ohio and Wisconsin to participate in the three-day event.

Five Doral employees, including company President Steven Pollock, attended the event to lend a helping hand.

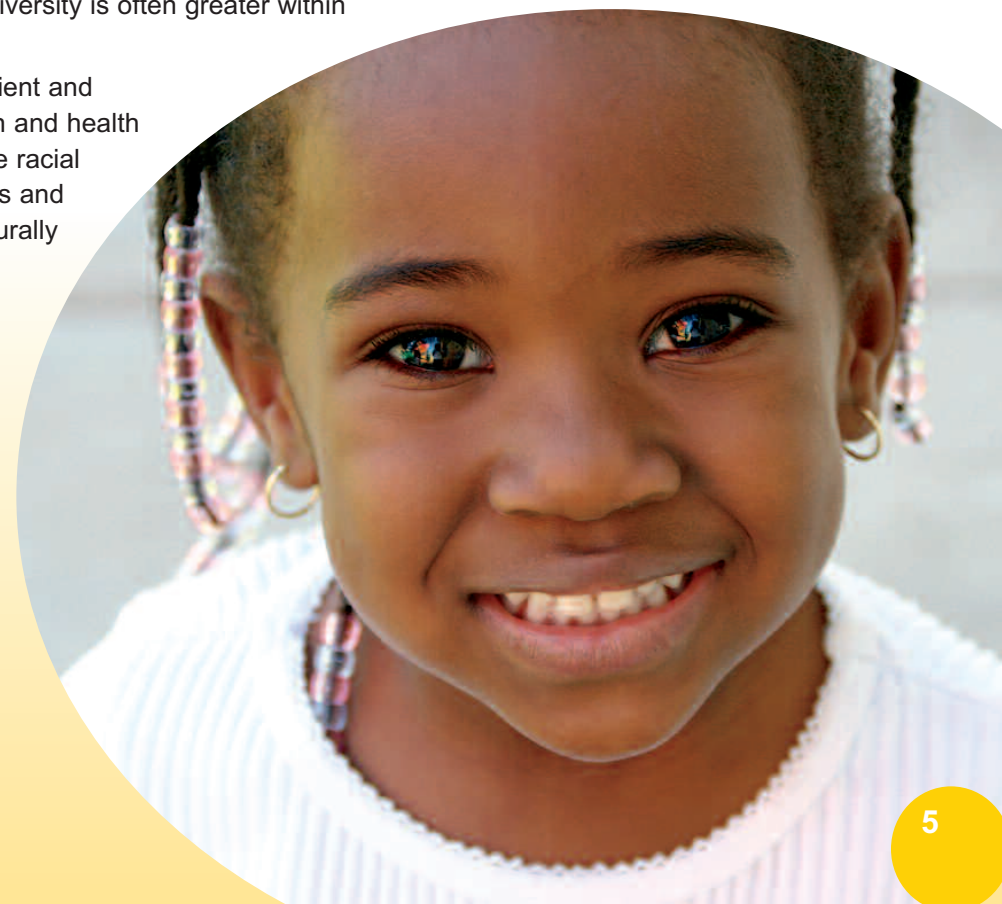
"It was truly a heartwarming experience to witness firsthand the impact of a program like the M.O.M. program in Wise County," said Steven Pollock. "Participating in the event and talking to some of the thousands of people we helped really brings home the need for dental services to the underserved."

Terry Dickinson, DDS, Executive Director Virginia Dental Association, added, "We bring success to this difficult area of need by allowing all of the parties to be successful in their goals. Doral is an important piece of that success, and I look forward to a long-lasting relationship for the benefit of the kids we all serve."

## CULTURAL DIVERSITY POINTERS

Medical professionals and patients can play a role in eliminating racial and ethnic disparities in health care. Open-mindedness and an understanding of commonalities and differences are keys to resolving the issue. Robert C. Like, MD, MS, Director of the Center for Healthy Families and Cultural Diversity, UMDNJ-Robert Wood Johnson Medical School, reminds health care providers that:

- As clinicians, we need to "check our own pulse" and become aware of personal attitudes, beliefs, biases, and behaviors that may consciously and unconsciously influence our care of patients as well as our interactions with professional colleagues and staff from diverse racial, ethnic, and sociocultural backgrounds.
- Every clinical encounter is cross-cultural. Developing partnerships with our patients and maintaining "cultural humility" can help us to learn and better understand the historical, familial, community, occupational, and environmental contexts in which our patients live.
- It should be understood there is no "one" way to treat any racial and ethnic group, given the great sociocultural diversity within these broad classifications. Instead, we need to have a framework of interventions that can be individualized and applied in a patient- and family-centered fashion.
- Clinical and preventive care needs to be evidence-based, flexible, authentic, and ethical. We need to appropriately tailor our interventions to patients, families, and communities.
- Cookbook approaches about working with patients from diverse sociocultural backgrounds are not useful, and instead risk potentially dangerous stereotyping and overgeneralization. Important intergenerational differences exist, and diversity is often greater within groups than between them.
- It is important to understand not only patient and community barriers to care, but physician and health care system barriers to care. To eliminate racial and ethnic disparity, health care providers and organizations need to become more culturally and linguistically competent.
- We need to challenge and confront racism, sexism, classism, and other forms of prejudice and discrimination that occur in clinical encounters as well as in society-at-large.



## PREVENTIVE PEDIATRIC DENTAL CARE

### *Birth to Early Adulthood*

The American Academy of Pediatric Dentists (AAPD) publishes recommendations for preventive pediatric dental care and periodicity and anticipatory guidance recommendations for children from birth through early adulthood. The oral health of a child is ultimately the responsibility of the child's parent/caregiver, but as a provider you can counsel your patients on the preventive treatments/procedures available to them, along with other healthy habits.

The first step is the initial patient exam, which should take place at the eruption of the child's first tooth (and no later than 12 months). Counseling on several topics including: oral hygiene, injury prevention, healthy eating and snacking habits, and other lifestyle habits, can be beneficial to the overall oral health of your patients, and should be continued throughout all stages of a child's development.

The AAPD recommendations also cover fluoride supplementation, pit and fissure sealants, and radiographic assessments, to name a few. Please remember to refer to the benefits tables for benefits and limitations before treating your patients.

## PREVENT MEMBER FRAUD

Have you ever encountered a case in which your office staff verified a member's history, to then have the claim denied for 'exceeding benefit limitations' for a date of service just prior to the member's scheduled visit to your office? Have you extracted a member's tooth and the service denied due to 'previously extracted tooth'?

Both of these could be examples of member fraud. It is suspected that some government dental program members share their identification cards with others, allowing ineligible individuals to receive free dental treatment. An effective way to prevent these activities is to request a photo ID along with the member's card. This approach may not only protect your office from incurring an unpaid service, it may also assist in appropriately utilizing taxpayer dollars. If you suspect a member is committing any form of fraud, please contact Doral's Fraud Hotline at 800.237.9139. All hotline calls remain confidential.

## TONGUE PIERCING

Oral piercing has become fashionable over the last decade. While oral piercing can involve the lips, cheek, and/or uvula, the tongue is the most commonly pierced. Tongue piercing involves placing a "barbell"-type stud through the tongue.

There are several common risks associated with tongue piercing.

- **Infection** – possibly due to non-sterile techniques and/or improper care after the piercing. Treatment can range from antibiotic therapy and localized cleansing (including removal of the tongue ring) and oral hygiene instructions. Serious infections involving sublingual, submandibular, and submental facial spaces can require emergency medical treatment.
- **Chipped or broken teeth** – usually occurs through biting the barbell, especially in new piercings with the initial longer barbell. To minimize the risk, a shorter barbell or one made of an acrylic material should be worn.
- **Enamel loss** – most commonly at the back of the teeth through repeated rubbing by the jewelry. A shorter barbell or one made of a non-metallic material can also be worn to prevent enamel loss.
- **Gingival Recession** – over time, repeated contact between the tongue ring and the gingiva can lead to significant gingival recession, especially when long stem barbells are used. Smaller tongue rings can work to reduce the risks of gingival recession. Removal of the jewelry might also be necessary.

When examining a patient who has a pierced tongue, the following additional patient instructions might be considered:

- Remove tongue jewelry daily, clean with detergent, wipe with alcohol;
- Clean the pierced site of the tongue with a brush and use antiseptic mouth rinse;
- Exercise conscious control of the movement of the tongue jewelry during chewing or speech;
- Consider replacing the metallic jewelry ball with a non-metallic alternative.

